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10

Number of Pages (including this page)

Date: March 1, 2006

To: Examiner Ware, Cicely Q – Group 2634

Location: United States Patent and Trademark Office

Fax No.: 571-273-8300

From: Jeffrey K. Jacobs (Registration No. 44,798)

Subject: Serial No. 09/867,236 –Gregory Agami

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MESSAGE:

Enclosed herewith, please find a RESPONSE Office Action and REQUEST FOR EXTENSION OF TIME for filing in the below-identified application.

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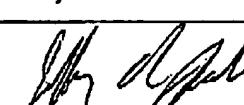
EXAMINER:	Ware, Cicely Q
GROUP ART UNIT:	2634
SERIAL NO.:	09/867,236
FILED:	May 29, 2001
INVENTOR:	Gregory Agami
ATTORNEY DOCKET NO.:	CE08885R

PTO/SB/21 (08-00)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/867,236	
		Filing Date	May 29, 2001	RECEIVED
		First Named Inventor	Gregory Agami	CENTRAL FAX CENTER
		Group Art Unit	2634	MAR 01 2006
		Examiner Name	Ware, Cicely Q	
Total Number of Pages in this Submission	4	Attorney Docket Number	CE08885R	

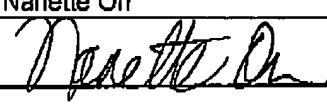
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Communication to Group	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter with appropriate copies	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Response to Notice of Non-Recordation of Document	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53			
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Jeffrey K. Jacobs	Registration No.	44,798
Signature			
Date	March 1, 2006		

CERTIFICATE OF TRANSMISSION

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Signature	
Date	March 1, 2006